PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number .

| CLAIMS AS | | | (Column 1) | | (Column 2) | | | SMALL ENTITY TYPE | | OTHER THAN | | |
|---|--|---|---------------|-------------------------------|-------------------------------|------------------|----------|---------------------|-------------------------|-----------------|---------------------------------------|-------------------------|
| TOTAL CLAIMS | | | | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | Basic Fee | 355.00 | OR | Basic Fee | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 2/ minus 20= | | • / | | | X\$ 9= | | OR | X\$18= | 18 |
| INDEPENDENT CLAIMS | | | 4 minus 3 = | | ' ' | | | X40= | | OR | X80= | BO |
| MU | LTIPLE DEPEN | DENT CLAIM PF | RESENT | | | | | +135= | | OR | +270= | |
| • If | | | | | "0" in column 2 | | | TOTAL | | OR | TOTAL | 808 |
| 10 | 2/13/51 | LAIMS AS A (Column 1) | MENDED | - PAR | | (Column 3) | | SMALL | ENTITY | OR | OTHER SMALL I | |
| MA | | CLAIMS REMAINING AFTER AMENDMENT | | HUGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | · | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | · 15 | Minus | -2 | / | | | X\$ 9= | 32006 | OR | X\$18 =11 |)BI |
| ME | Independent | · 3 | Minus . | MENDEN | T C'S ASSA | | | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MI | | | Freed - Freed | | | ,, | A., | +135= | 47. | OR | +2/0= | .,,. |
| (Column 2) | | | | | | | | ADDIT. FEE | כ | OF | ADDIT. FEE | י אדודא |
| (Column 2) (Column 3) | | | | | | | | | | | RATE | FEE |
| AMENDMENT B. | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREVI | HEST BER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL- FEE | ;; | -isic fer = RATE = Yere_ | 'ADDI; TIONAL FEE |
| | Total | . 15 | Mimus | -2 | / | 8 | | X\$ 9= | | OR | X\$18= | 11 |
| | Independent | · 🧷 | Minus | · | <i>F</i> : | • | | X40= | | OR OR | X80= | <u></u> |
| ب | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR OR | +270E | ए १०० |
| | Collaboration of the State of t | | | | | | | TOTAL ADDIT. FEE | | OR | ADDIT. FEE | MAN |
| | w | (Column 1) | | | mn 2)_ | (Column 3) | | •• | <u>.</u> | ∪≓. <u>1</u> | . JMALL | EMILLA |
| AMENDMENT C | | CLAIMS REMAINING AFTER | 3. 3 | NUA PREVI | HEST ABER HOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| | Total | · | Minus . | | | - - | | _X\$.9=. | 1 5000 | OR OR | X\$18= _ X\$1 8=_ | <u>:</u> |
| Ä | Independent | • | Minus . | | | | | | | CR OR | X80= -X80=- | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | | +270= | |
| * If the entry in column 1 is loss than the entry in column 2 write "V" in column 3. | | | | | | | | | مستعدد | OR OR | AODITOTAL | in the second |
| ""If the "Highest Number Proviously Paid For" INTHIS SPACE Is less than 3, onter "3." | | | | | | | | | | | | |
| <u>.</u> | | | # T. N. T. P. | | 1 | | | | | <u></u> | <u> </u> | ADDI- |
| FORM PTO-675, (Rev. 800) | | | | | | | P | • | mark Office, U | 8. 0E | | COMPERCE |
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| ii ¥. | · milar de mon | | | | | | | | | <u>,</u> | .XC0- | ļ |
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| | | | | | | | | • | • | lent | TOTAL | 1 |